

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: David FAIRLIE, et al.

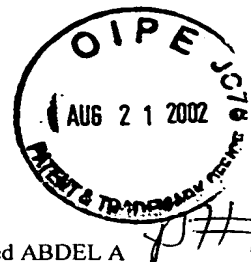
SERIAL NO: 09/446,190 09/446109

FILED: April 21, 2000

FOR: CYCLIC AGONISTS AND ANTAGONISTS OF C5A RECEPTORS AND G PROTEIN-COUPLED RECEPTORS

GAU: 1653

EXAMINER: Mohamed ABDEL A



INFORMATION DISCLOSURE/RELATED CASE STATEMENT UNDER 37 CFR 1.97

ASSISTANT COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

RECEIVED

SIR:

Applicant(s) wish to disclose the following information.

AUG 22 2002

REFERENCES

TECH CENTER 1600/2900

- ☒ The applicant(s) wish to make of record the references listed on the attached form PTO-1449. Copies of the listed references are attached, where required, as are either statements of relevancy or any readily available English translations of pertinent portions of any non-English language references.
- ☐ A check is attached in the amount required under 37 CFR §1.17(p).

RELATED CASES

- ☐ Attached is a list of applicant's pending application(s) or issued patent(s) which may be related to the present application. A copy of the patent(s), together with a copy of the claims and drawings of the pending application(s) is attached along with PTO 1449.
- ☐ A check is attached in the amount required under 37 CFR §1.17(p).

CERTIFICATION

- ☒ Each item of information contained in this information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this statement.
- ☐ No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

DEPOSIT ACCOUNT

- ☒ Please charge any additional fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to deposit account number 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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